

# **EXHIBIT 8**



## Psychosocial Assessment

Patient Name: ELZEIN, AHMED	MR#: 4466051	Visit#: 14466051002	Admit Date: 11/11/2020
Location: ED (HPC)	DOB: [REDACTED]/1992	Age: 27y	Gender: Male
Attd Phys: Ellis, William	Visit Status/Type: DSC / Emergency	Service: EDH	

\*\*\* Start of Document \*\*\*

Service Date: 11/11/2020 21:01

### Psychosocial Assessment

#### Psychosocial Assessment

Last Saved By: Kathleen Scott  
Created By: Kathleen Scott

Last Saved On: 11/11/2020 09:24 PM  
Created On: 11/11/2020 09:01 PM

#### PCP Info

PCP as discussed with patient                      Answers: Name

#### Veteran Evaluation

Are you a Veteran?                      Answers: No

#### Presenting Problem:

#### Presenting Problem and Precipitating Factor

##### Notes:

Spoke with Dr. Caloia who reports pt. is a resident physician here, reports pt. was brought to ED by his program director Dr. Pawlaczyk and a fellow resident physician who expressed concern that pt. has been exhibiting symptoms of paranoid ideation, delusional ideation and are concerned for pt's safety. Per Dr. Caloia reports they provided specific example of pt. contacting security due to feeling as though another resident had possibly placed a bomb in a locker, pt. feeling as though another resident had placed something harmful in his pocket, feeling as though some people are dangerous due to not displaying ID badge. Dr. Caloia is requesting inpatient psychiatric placement be facilitated due to concerns for pt's safety and safety of others. Met with pt. RN Rachel at bedside. Introduced self, role. Inquired about events prompting ED visit. Pt. states "sinus drainage past few days." Pt. denies any medical or mental health history. Does admit to contacting security around 830am today states "just kind of suspicious" reports an individual had their "head down." Reports they "made me feel uncomfortable." Pt. when asked if he had been concerned about their being a bomb stated that was "security making a joke." Pt. did not elaborate further. Pt. is denying suicidal or homicidal ideation or any history. Pt. is denying experiencing any hallucinations. Denies paranoid ideation, denies feeling others are targeting him or trying to harm him. Pt. reports "feeling tired."

#### Mental Health Assessment

Orientation                      Answers: Person  
Place  
Situation

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### Psychosocial Assessment

...continued

Time

Eye Contact

Answers: Fair

Countenance

Answers: Composed

Motor Activity

Answers: Appropriate

Appearance

Answers: Well Groomed

Attitude

Notes:

cooperative during assessment with SW. Later when RN staff and physician discussed need for pt. to provide belongings so that security could lock them up pt. refusing, becoming suspicious wanting documentation of treatment plan and disposition, NPI numbers before he would give RN staff his belongings.

Affect

Answers: Labile

Interaction

Answers: Difficult to engage

Mood

Answers: Anxious

Speech

Answers: Appropriate

Insight / Judgement

Answers: Poor Judgement

Mentation

Notes:

Concern for delusional ideation and paranoid ideation

Hallucinations

Answers: Absent

Notes:

Pt. denies

Suicidality

Answers: Not Present

Notes:

Pt. denies any suicidal ideation. Denies history of suicidal thoughts

Homicidality

Answers: Not Present

Notes:

Pt. denies homicidal ideation. Denies history of homicidal thoughts

### Personal History/Social Factors

#### Family / Living Situation/ Peer Groups

Notes:

Pt. reports he is single. Reports he moved to U.S. from Sudan age 10. Pt. reports he grew up in Colorado. Reports his mother and sister currently reside in California. Pt. reports his dad is in "the Gulf."

#### Marital / Relationship Issues

Notes:

Pt. reports he is single

#### Schooling/Vocational/Educational Background

Notes:

Medical school, currently in residency

Employment

Notes:

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### Psychosocial Assessment

...continued

Pt. reports he is a first year internal medicine resident here

Financial

Notes:

Pt. per registration has Smarthealth coverage

Legal History

Notes:

Pt. denies

Medical/Emotional/Health Issues. Include any disabilities

Notes:

Pt. denies

Support Systems

Notes:

Pt. spoke of speaking with mother via phone tonight

Sleep Disturbance

Notes:

Pt. states "it's ok." Reports sleeping "5-6 hours a night"

Appetite Disturbance

Notes:

Pt. denies appetite issues

Patient's sexual history and identification

Notes:

Pt. reports identifies as "male" and "straight"

Does patient have history of physical or sexual abuse as either the abuser or the abused?

Notes:

Pt. denied. hx. of childhood trauma

### Substance Use

#### Abused Substances

Notes:

Pt. denies any substance abuse

### Psychiatric History

#### Plan

Notes:

RN Dawn at bedside. Spoke with pt. to discuss physician requesting transfer to inpatient psychiatric facility once medically clear. Discussed bed

search process. Writer spoke with Amy at Ascension Rochester reports bed availability and that they require a Covid test. Writer spoke with Dr.

Caloia who ordered Covid test, pt. was also notified of Covid test and reported agreeable.

Previous Psych Diagnosis / Maladaptive Behaviors

Notes:

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Gender: Male

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### Psychosocial Assessment

*...continued*

noPt. denies any mental health history

### SW Continued Stay Note

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Service Date: 11/11/2020 22:22

### SW Continued Stay Note

#### SW Continued Stay Note

Last Saved By: Kathleen Scott  
Created By: Kathleen Scott

Last Saved On: 11/11/2020 10:58 PM  
Created On: 11/11/2020 10:22 PM

#### Note

##### Other

##### Notes:

After SW assessment spoke with RN Rachel, pt. refusing to get into gown and provide staff with his belongings. Dr. Caloia presented to room to meet with pt. Writer accompanied RN Dawn to meet with pt. Discussed process for security locking pt's belongings up, support provided. Informed pt. security would provide him with receipt of all of his belongings for his records. Pt. reported he needed all documentation and "NPI" numbers and documentation of where he would be going before he would provide staff his belongings for security to inventory and lock up. RN Dawn reviewed the process again and discussed need for pt. to provide his belongings while placement being sought, writer discussed with pt. he would be notified of accepting facility and accepting provider info prior to transfer. Support, reassurance provided. Spoke with ED manager Al. Noted security presented to room to speak with pt. Writer left message x 2 for Dr. Pawlaczyk surrounding specific witnessed safety concerns -pt. verbalized Dr. Pawlaczyk and resident who accompanied to ED able to visit participate. Referral faxed to Ascension Rochester, spoke with Amy at Ascension Rochester to notify writer faxed referral. Noted UDS amphetamine +. Pt. denied any substance abuse to writer or being on any medications. Spoke with RN Rachel. Met with pt. Provided update. Pt. now reporting he is prescribed "adderall 30mg twice a day." Message left for Amy at Ascension Rochester to inquire about status.

##### Discharge Plan

##### Notes:

Inpatient psychiatric placement

Discharge Plan is not complete at this time due to      Answers: Pending Appropriate Available Bed